

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
**TRANSCRIPT ORDER FORM**

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**Order Party: Name, Address and Telephone Number**

Name Ambac Assurance Corporation

Firm Arent Fox LLP

Address 1675 Broadway

City, State, Zip New York, NY 10019

Phone 212.484.3900

Email miranda.perkins@arentfox.com

**Case/Debtor Name:**

**Case Number:** 13-53846

**Chapter:** 9

**Hearing Judge** Hon. Steven Rhodes

☒ **Bankruptcy**    ☐ **Adversary**

☐ **Appeal**    **Appeal No:** \_\_\_\_\_

**Hearing Information** (A separate form must be completed for **each** hearing date requested.)

**Date of Hearing:** 09/02/2014    **Time of Hearing:** 8:30    **Title of Hearing:** Hearing - Opening Arguments

Please specify portion of hearing requested:    ☒ **Original/Unredacted**    ☐ **Redacted**    ☐ **Copy (2<sup>nd</sup> Party)**

☐ **Entire Hearing**    ☐ **Ruling/Opinion of Judge**    ☐ **Testimony of Witness**    ☐ **Other**

**Special Instructions:** Please send to miranda.perkins@arentfox.com; mark.angelov@arentfox.com

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/s/ Mark Angelov    Date: 09/08/2014

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